		PATENT NUMBER
	Subclass	
	ISSUE CLASSIFICATION	
	Class	

U.S. **UTILITY** Patent Application

O.I.P.E.	PATENT DATE
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APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
09/943193	D	600 705	300 3	3736 3626	FRENEL

APPLICANTS

Kenneth Riff
Gregory Linden
Kurt Smith

TITLE

Medical device systems implemented network scheme for remote
patient management

PTO-2040
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ISSUING CLASSIFICATION

ORIGINAL			CROSS REFERENCE(S)				
CLASS	SUBCLASS		CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)			
INTERNATIONAL CLASSIFICATION							
						☐ Continued on Issue Slip Inside File Jacket	

☐ **TERMINAL DISCLAIMER**	**DRAWINGS**			**CLAIMS ALLOWED**	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
☐ The term of this patent subsequent to _____ (date) has been disclaimed.		(Assistant Examiner)	(Date)	**NOTICE OF ALLOWANCE MAILED**	
☐ The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____		(Primary Examiner)	(Date)	**ISSUE FEE**	
				Amount Due	Date Paid
☐ The terminal ____ months of this patent have been disclaimed.		(Legal Instruments Examiner)	(Date)	**ISSUE BATCH NUMBER**	

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